PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571) 273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent advance orders and notification of maintenance fees will be mailed to the current correspondence address.

as indicated unless correct for maintenance fee notifi	ted below or directed oth	erwise in Bloc	k 1, by (a) spe	ecifying a ne	w corresponder	nce address; and/or (b) indica	ating a separate "FEE ADDRESS"
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) MARSHALL, GERSTEIN & BORUN LLP 233 S. Wacker Drive 6300 Willis Tower Chicago, Illinois 60606-6357					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
							(Depositor's name)
						The state of the s	(Signature)
A BRITISH TION INC	EU BIO DA ED		TIP CONTINUE				(Date)
APPLICATION NO.	FILING DATE	FIRST NAM			.OR	ATTORNEY DOCKET NO	
10/520,013	13 08/05/2005			en Temple		27754/24867	9262
TITLE OF INVENTION	N: Ink Jet Printing N	Aethod and Pri	nter				
APPLN. TYPE	SMALL ENTITY		ISSUE FEE		ATION FEE	TOTAL FEE(S) DUE	DATE DUE
Non-Provisional	no	\$1,510.00			00.00	\$1,810.00	04/14/2010
EXAMINER			RT UNIT CI 2853		SUBCLASS		
PLEASE NOTE: Unle	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. NTED ON THE PATENT (print or type) ssignee data will appear on the patent. If an assignee is identified below, the document has been filed						
for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
XAAR TECHNOLOGY LIMITED Cambridgeshire, United Kingdom							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government							
4a. The following fee(s) are enclosed: 4b. Payme							
X Issue Fee			A check in the amount of the fee(s) is enclosed.				
X Publication Fee (No small entity discount permitted) X Payment by credit card.							
X Advance Order -# of Copies 3 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2855							
5. Change in Entity Sta	tus (from status indicate	d above)					
a. Applicant clair	ns SMALL ENTITY stat	us. See 37 CFI	R 1.27.	b. Applic	ant is no longer	claiming SMALL ENTITY	status. See 37 CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and Feeterst as shown by the reco	Publication Fee (if required	 will not be ac 	cepted from a	if any) or to r nyone other t	e-apply any pre- han the applicar	viously paid issue fee to the appart; a registered attorney or age	plication identified above. nt; or the assignee or other party in
Authorized Signature Play R. Knight						Date April	1 7, 2010
Typed or printed name							